PT/A-98

July 21, 1998

U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Ste. 400 Arlington, TX 76011-8064

ATTN: Licensing Branch

Dear Licensing Director:

I would like to amend Nelson Engineering's Nuclear License. Please change the Radiation Safety Officer from Robert Hammond to Pete Test. I am certified in the use of Nuclear gauges (see enclosed certificate) and have had several previous radiation safety courses. I understand a fee will be applied to this request. Please send billing inquiries to the above address, ATTN: Accounting.

If you have any questions or need further documentation regarding this matter, please feel free to call me at the above telephone number.

Please send NRC correspondence to:

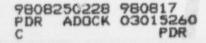
Pete B. Test Lab Manager/RSO P.O. Box 1599 Jackson, WY 83001

Sincerely,

Pete Test Lab Manager/RSO

Enc.

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NRC FC	ORM 579	A North March & Martin Concerns and Anna Anna Anna Anna Anna Anna Anna	U.S. NUCLEAR REGULAT	ORY COMMISSIO	N					
9- 1 8 90 (LICENSE FEE	REQUIREMENTS		ATTN: RITA MESSIER 301-415-6067 U.S. Nuclear Regulatory Commission License Fee and Accounts Receivable Branch P. O. Box 954574 St. Louis, MO 63195-4514					
				TYPE OF ACTION		TYPE OF ACTION				
				I NEW LICENSE		ENSE				
NELSON ENGINEERING ATTN: ACCOUNTING P. O. BOX 1599 JACKSON, WY 83001 H 196 350										
				-						
				43 REQUESTED DATE 36 07/21/1998 CC LICENSE NUMBER						
							49-19036-01 CONTROL NUMBER 466852			
				II. FEE NOT REQUIRED						
				Your request for a licensing action is subject to the fee(s) in the category(ies) noted below in accordance with Section 170.31 of 10 CFR Part 170. Payment of the fee is required prior to the issuance of the license, renewal, or					Check Number	Enclosed is your check which accompanied your request. The fee is not required because:
				amendi	ment.			_	Check	We received your check listed in
PEE	Party of the second statement of the second second statement of		250.00		Number	payment of the fee.				
3P	S S	\$	s 350.00		Date of	The Licensing staff has informed				
	s	s	\$		Request	us that your request is to be considered as a continuation of the				
	\$	\$	\$		Control Number	request listed.				
	\$	s	\$							
	5	\$ \$	\$ \$	_	Date of	Your request was combined, prior				
	5	5	s		Request	to review, with the request listed.				
	\$	5	\$		Control Number					
	\$	\$	\$							
		PRIN BUP	\$ 350.00		III. CHECK F	Enclosed is your check which was				
		EE(s) DUE AYMENT RECEIVED		· · · · · · · · · · · · · · · · · · ·	Number	returned to us by the bank for:				
		MOUNT DUE	\$ 350.00		JFFICIENT FUNDS					
Your request was received without the prescribed application fee.				OTHER						
							We received your check listed below. Payment of the additional fee noted above is required.			
\$Amount				IV. LICENSE ISSUED WITHOUT THE REQUIRED FEE						
Your request will increase the scope of your license program. Therefore, your request is subject to the application fee(s) noted above.				License The listed license was issued						
	Refer to Section	n 170.31 and Footnote	1(d)(2).		Numbe	r without the required fee being				
Your license expired prior to the receipt of your application for renewal. Therefore, your request is subject to the application fee(s) noted above. Refer to Section 170.31 and Footnote 1(a).				Amendment collected. The fee required is Number noted in Section I of this form. Date Issued						
MAKE PAYMENT OF THE FEE(S) TO THE U.S. NUCLEAR REGULATORY COMMISSION AND MAIL THE PAYMENT TO THE ADDRESS LISTED AT THE TOP OF THIS FORM. IF WE DO NOT RECEIVE A REPLY FROM YOU WITHIN 30 CALENDAR DAYS FROM				The scope of your licensed program was increased. Therefore, your request is subject to the application fee(s) noted in Section 1 of this form Refer to Section 170.31 and Footnote 1(d)(2).						
THE C	DATE LISTED B	ELOW, WE SHALL A	SSUME THAT YOU DO NOT	Because of remittance of	the urgency of your re of the prescribed fee n	quest, the license was issued without oted in Section 1 of this form.				
	TURE - LICENSE					DATE				
K	ta PILE RITA ME	SSIER		(LEAVE BLANK	0	07/31/1998				

This form was designed using InForms

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DATE INVOICE AMOUNT	99-120
NELSON ENGINEERING BOX 1599 JACKSON, WYOMING 83001	1023
TELEPHONE: 307-733-2087	19636
PAY three hundred fifty & icc DOLLARS	
CHECK NO. DESCRIPTION	CHECK AMOUNT
8 8-7-48 US Nuclear Regulatory Comm 19636 license change Discount	350 -
NELSON ENGINEERING	co.
THE JACKSON STATE BANK	
JACKSON, WYOMIN'S	en l
"O19636" "102301209" 20310 3"	
SECURITY FEATURES MICRO PRINT BORDERS - COLORED BRICK PATTERN - WATERMARK & CARECH STRIP ON RE-EASE SIDE - MISSING FEATURE INDICATES A COPY	
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